

Electronic Prescriptions for Controlled Substances

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NCPA[®]

the NATIONAL COMMUNITY
PHARMACISTS ASSOCIATION

THE VOICE OF COMMUNITY PHARMACY

Introductory Remarks

Dear Deputy Assistant Administrator:

The National Community Pharmacists Association (NCPA) would like to thank the Drug Enforcement Administration (DEA) and the Department of Health and Human Services (HHS) for conducting this public meeting to discuss Electronic Prescriptions for Controlled Substances.

NCPA is interested in facilitating the adoption of electronic prescribing including controlled substances, as mandated under Part D of the Medicare Modernization Act, without unduly burdening the parties to electronic prescribing transactions.

Thank you for inviting NCPA to speak on behalf of independent community pharmacists on this important topic.

About NCPA

- The National Community Pharmacists Association, founded in 1898 as the National Association of Retail Druggists (NARD)
- We represent the pharmacist owners, managers, and employees of nearly 24,500 independent community pharmacies across the United States
- Independents dispense **1.6 billion prescriptions annually** - 42% of the retail prescription market
 - *Prescription medicines are our business: 92% of our members annual sales are for Rx medicines*
- Independent pharmacies offer a wide range of patient services including hospice and pain management (39% and 20% respectively in 2003)
- Independents are well connected and utilize current technology
 - 71% utilize the Internet from their pharmacy

Electronic Prescribing Value to Community Pharmacy

NCPA believes in the value of electronic prescribing and is a partner in *SureScripts*® along with NACDS

- Formed in 2001 by the two main pharmacy associations (NCPA and NACDS) representing the 55,000 independent and chain community pharmacies in the US with the goal of utilizing electronic prescribing to:
 - Improve the overall prescribing process by increasing:
 - Safety
 - Efficiency
 - Quality of Care
 - SureScripts enables true electronic connectivity between physicians and pharmacies

Electronic Prescribing Value to Community Pharmacy

Benefits of electronic prescribing:

- Physician able to direct Rx to specific pharmacy
- Less Drug Diversion / Forgeries
- More secure than paper and oral prescriptions for controls
- A secure network for tracking the script (analogous to track and trace technology)
 - Rx can be tracked from physician to pharmacy to patient
- More accurate inventory control
 - Possible inventory reduction; less on hand in event of burglary
- Easier tracking of professional competency issues
- Studies are showing a decrease in time for the pharmacist
 - Increases pharmacist time for patient counseling (MTM/PQA)
- Less therapeutic duplication
- Decreases potential for medication errors due to illegible prescriptions

These benefits are even more important for controlled substances

Pharmacy Perspectives Panel

As DEA registrants, pharmacies not only dispense controlled substances to patients, but also maintain the prescriptions written by practitioners as the record of dispensing.

Pharmacy Perspectives Panel focus is on the needs and liabilities of pharmacies regarding:

- Dispensing of controlled substances electronic prescriptions
- Maintenance of controlled substances prescription records electronically

Independent Community Pharmacy Perspective on EPSC

1. *What is your **perception of current risks** associated w/ electronic prescribing?*
2. *How did you **identify** those risks?*
3. *How does your electronic prescribing system **address** those risks?*

NCPA Member Comments:

- "We fax prescriptions already, so why not electronic"
- "Controlled Substance Ordering System (CSOS) has regulations for electronic ordering of Schedule II drugs and seems to be working"
- "It would be easier in LTC and retail if we can process things in the same way - as long as security measures are in place (e.g., PIN, password, etc) it's probably safer";
"the physician can direct the controlled prescription to a specific pharmacy"

Independent Community Pharmacy Perspective on EPSC

4. *What **additional modifications** would be necessary for your system to be used for electronic prescribing of controlled substances? Please be specific as to how this would be done, and the burden (cost or otherwise) this would entail.*

NCPA Member Comments:

- Electronic prescribing already works with existing systems and integrates into the current pharmacy workflow nicely "software capabilities are there already so it should not be too burdensome financially, hopefully!"

5. *Are **risks** pertaining to prescriptions for **controlled substances** different from prescriptions for non-controlled substances? Please explain*

NCPA Member Comments

- The stakes are always higher with controls, however, there are safeguards in the system and it seems like it would be much more difficult to break the electronic safeguards versus paper forgeries

Independent Community Pharmacy Perspective on EPSC

7. *How does your system ensure the integrity of the prescription records?*
8. *What current and future threats (e.g., eavesdropping, man-in-the-middle attack, hijacking, impersonation) to system-wide security have you considered during your design, development, and implementation?*

NCPA Member Comments:

- PINs and passwords are used
- Again, they feel e-prescribing is much safer and more difficult to break into and forge a prescription or divert a drug

9. **If smart cards, open networks or other methods of transmission are used to facilitate electronic prescribing, can your system work within those environments?**
Please specifically explain how it can or why it cannot.

NCPA Member Comments:

- The pharmacists I spoke to were not familiar with some of these terms and the overall feeling was to keep the technology affordable

Independent Community Pharmacy Perspective on EPSC

Additional NCPA Member Comments:

- Retention of electronic controlled prescriptions: the pharmacists I spoke with said most states would probably require that a *hard copy be printed out* and retained and they were fine with that and used to doing it
- The electronic prescribing provisions of the 2003 Medicare law include objectives to improve:
 - Patient safety
 - Quality of care provided to patients
 - Efficiencies, including cost savings, in the delivery of care
- Cannot impose an undue administrative burden on prescribing health care professionals and dispensing pharmacies/pharmacists
- Potential disadvantages include:
 - Cost to independent pharmacies
 - State Board of Pharmacy uniformity

Thank you.....

NCPA would like to thank the DEA and HHS for the opportunity to present today on behalf of independent community pharmacists.

We support your efforts in the implementation of the electronic prescribing provisions of the 2003 Medicare law while not imposing an undue administrative burden on prescribing health care professionals and dispensing pharmacies / pharmacists.

For additional information or questions please contact me at:

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